

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/516809

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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11						
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14						
15						
16						
17						
18						
19						
20	1					
21						
22						
23						
24	4					
25	4					
26	4					
27	6					
28	8					
29	8					
30	8					
31	8					
32	8					
33	8					
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47						
48						
49						
50						
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	45	←	←	←	←	←
TOTAL CLAIMS	47					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						